



NMED DATE STAMP this page above when it is received

 State of New Mexico Environment Department Environmental Health Bureau PERMITTED ONSITE LIQUID WASTE SYSTEM EVALUATION REPORT 			
GENERAL INFORMATION			
To be completed by Owner or Owner's Representative			
EXISTING PERMIT INFORMATION	Existing Permit Number(s) <u>AT 000045</u>	Lot Size on Permit (to 0.01 acres) <u>1.0 acre</u>	Number of Bedrooms on Permit
CURRENT OWNER INFORMATION	Name	Mailing Address	Phone
PROPERTY INFORMATION	Site Address <u>01 Eunice CT Edgewood, NM</u>	Uniform Property Code	Lot Size (to 0.01 Acres)
	Township/Range/Section <u>T10N R7E S28</u>	Subdivision <u>Edgewood Plaza</u>	Lot/Tract/Block/Unit <u>LOT 35</u>
RESIDENCE INFORMATION	Current Number of Bedrooms in Main Residence 1 2 3 4 5 6 Other:	Other structure on property being used as a residence? YES NO	Describe Current Number of Bedrooms in Other Residential Structures:
WATER SOURCE	Water Source (Circle One) Private Well <u>Public Water</u> Shared Well	Well on your property? YES NO	Well Permit Number
OTHER SOURCES OF WASTEWATER	Any other sources of wastewater on this property? YES <u>NO</u>	If YES, What Permit Numbers?	Describe Other Sources:
THIRD PARTY EVALUATOR INFORMATION			
To be completed by Third Party Evaluator, Owner or Owner's Representative			
EVALUATOR INFORMATION	Name of Person Evaluating LW System <u>Bill Canon</u>	Name of Company <u>Canon's Septic</u>	Phone Number <u>281-8999</u>
THIRD PARTY EVALUATOR QUALIFICATION	MM-98 MM-01 <u>MS-03</u> MS-01 PE NSF NEHA REHS/RS <u>OTHER</u> (Approved by NMED) For "OTHER" state date approved by NMED: <u>NAWT</u>	License/Certification# <u>4287 ITC</u>	Expiration Date <u>11/2016</u>
SEPTAGE PUMPER INFO	Name of Company <u>Canon's Septic</u>	Name of Septage Pumper <u>Bill Canon</u>	Is this person a Qualified Septage Pumper under Section 904(D) of Regulations? <u>YES</u> NO
OTHER INFORMATION			
NOTICE TO OWNER OR AGENT: This report shall <u>not</u> be construed as a warranty that the system will function properly because of the numerous factors (usage, soil characteristics, previous failures, etc.) which may affect the proper operation of a septic system. Your signature below attests that the above detailed information is correct and true to the best of your knowledge.			
Owner or Representative Name Printed <u>Elias Griego</u>		Signature <u>Elias Griego</u>	Date <u>July 10, 2014</u>

Liquid Waste Permit Number: AT 000045

On-Site Liquid Waste System Evaluation Summary		Circle One	
FLOOR PLAN ATTACHED (Required)	Has the applicant provided a sketch of the floor plan of all structures which clearly identifies all rooms(including bedrooms & kitchens)?	YES	NO
ADDRESS	Is the address listed on this permit the same as the current address?	YES	NO
DESIGN FLOW	Is the Design Flow listed on the permit the same as what currently exists for this property?	YES	NO
LOT SIZE	Is the Lot Size listed on the permit the same as the current lot size for this property?	YES	NO
OTHER LW SOURCES	Are other liquid waste systems on this property properly permitted? Were permit numbers provided?	YES	NO
SEPTIC TANK	Is the septic tank/treatment unit watertight and functioning properly?	<u>YES</u>	NO
DISPOSAL SYSTEM	Does the disposal system appear to be functioning properly?	<u>YES</u>	NO
SETBACKS and CLEARANCES	Does the system appear to meet all required setbacks and clearances?	<u>YES</u>	NO
ADVANCED TREATMENT SYSTEMS	Does the system have a current Maintenance Contract? <i>Attach a Copy</i>	YES	NO
	Has the system been sampled and monitored in accordance with permit conditions?	YES	NO
	Is a Monitoring or Sampling Report attached? (Required for All ATS)	YES	NO
PUBLIC HEALTH and SAFETY	Is it your professional opinion that this system <u>does not</u> currently constitute a public health or safety hazard?	<u>YES</u>	NO
EVALUATOR RECOMMENDATIONS <i>Circle All that Apply</i>	<div style="display: flex; justify-content: space-between;"> <div> <p>Septic Tank is Functioning Properly</p> <p>Disposal System is Functioning Properly</p> <p>ATS is Functioning Properly</p> </div> <div> <p>Septic Tank Needs Replacement</p> <p>Disposal System Needs Replacement/Expansion or Repairs</p> <p>ATS Needs Replacement, Maintenance or Repairs</p> </div> <div> <p>Septic Tank Needs Repairs</p> </div> </div>		
Clarify Recommendations, Problems, Concerns, Comments etc.:			
Describe any Repairs that are required <u>and</u> any Repairs that were completed:			
The information contained in this report is correct and true to the best of my knowledge.			
<u>Bill Canon</u> Evaluator's Name Printed		<u>[Signature]</u> Evaluator's Signature	<u>2-14-14</u> Date
NMED REVIEW:			
NMED has reviewed the information provided above and has determined the following:			
[] The Liquid Waste Permit is valid and the liquid waste system appears to be functioning properly; no further action required			
[] A Modification Permit is required and a complete application must be submitted to NMED within 15 days of this evaluation			
[] Repairs are Required- Verification that repairs have been completed must be submitted to NMED within 15 days of this report			
Comments:			
Reviewed by: _____			
_____ NMED Staff Name Printed		_____ NMED Staff Signature	_____ Date
The evaluating company and/or individual evaluator disclaims any warranty, either expressed or implied, arising from the evaluation of the wastewater system or this report.			
Return completed form with all required documents to the local Environment Department Field Office			
This form is valid for 180 days after the date of the signature of the Evaluator.			

LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

Date of Evaluation: 2/14/2014

Septic Tank

LOCATION	Latitude (DD.dddd°) 35.04053	Longitude (DDD.dddd°) 106.12265	Elevation (Feet) 6722 ft
SIZE and MATERIALS	Size (gallons) (1000) 1200 1500 Other: _____	Material (Concrete) Plastic Fiberglass Other Note: _____	Manufacturer of Tank Alpha
	Tank Depth (Top of Tank to ground surface) 10 inches Feet	Covers Secure? (YES) NO	Year Tank Manufactured
ACCESS RISERS	Access Risers - Inlet & Outlet? (Req'd 2005) (YES) NO Not Required	Effluent Filter? (Required 2005) YES NO (Not Required)	Handle on Effluent Filter? (Required 2013) YES NO Not Required
FUNCTIONALITY	How many Gallons were pumped for this evaluation? 1000 Gallons	Water Level in Tank at Outlet (Circle One) Above Invert At Invert Below Invert	Does Tank appear Level? (Circle One) (YES) NO
	Inlet Tee/Baffle (Circle One) (OK) NOT OK Note: _____	Outlet Tee/Baffle (Circle One) (OK) NOT OK Note: _____	Baffle Wall (Circle One) (OK) NOT OK Note: _____
VISIBLE DESCRIPTORS (Circle ALL that Apply)	Structural Cracking Excessive Deterioration Rust Streaks Exposed Aggregate Exposed Rebar/Wire Tank/Manhole Deformed Notes: _____		
SEPTIC TANK SETBACKS	Setbacks to On-site Water Well (50 ft) (Met) Not Met Unable to Confirm N/A Distance: _____ Feet	Setbacks to Neighbor's Well (50 ft) (Met) Not Met Unable to Confirm N/A Distance: _____ Feet	Setbacks to Public Water Well (100 ft) (Met) Not Met Unable to Confirm N/A Distance: _____ Feet
	Setbacks: State Waters, Arroyos, Ditches (Met) Not Met Unable to Confirm N/A	To Property Lines, Structures, Waterlines (Met) Not Met Unable to Confirm N/A	Setbacks to Disposal System (Met) Not Met Unable to Confirm N/A
HOLDING TANK	High Level Alarm working properly? YES NO (N/A)	Appears to be Watertight? YES NO N/A	Pumping Records Available? YES NO N/A

Note any Problems, Concerns or Comments:

Disposal System

TYPE OF DISPOSAL SYSTEM Circle ALL that apply	Conventional	Trench	Pipe and Gravel Seepage Pit	Chambers Leaching Bed	Synthetic Aggregate Elevated System with Lift Station	Other
	Alternative/Other	Elevated System with Pressure-Dosing	Wisconsin Mound	ET Bed	Gray Water System	Drip System
		Low-pressure Dosed	Split-Flow	Bottomless Sand Filter	Sand-lined Trench	Soft-Replacement
		Vault	Privy	Constructed Wetlands	Other:	
DISTRIBUTION BOX	Is there a D-Box on this system? YES (NO) UNABLE TO CONFIRM		Watertight & Equal Distribution of Flow? YES NO UNABLE TO CONFIRM		Access to D-Box? (Required 2013) YES NO	
INSPECTION METHODS & OBSERVATIONS	Did you Probe Disposal Field Area? YES NO		Approximately how many Gallons of water added for Hydraulic Water Test? Gallons Added: 20		Other Method? YES NO Describe: _____	
	Any Indication of Previous Failure? YES NO		Seepage Visible on Lawn? YES NO		Lush Vegetation Present? YES NO	
	Evidence of Ponding Water in Field? YES NO N/A UNABLE TO CONFIRM		Even Distribution of Effluent in Field? YES NO N/A UNABLE TO CONFIRM		Any Septic Odor Present? YES NO	
DISPOSAL SYSTEM SETBACKS	Setbacks to On-site Water Well (100 ft) (Met) Not Met Unable to Confirm N/A Distance: _____ Feet		Setbacks to Neighbor's Well (100 ft) (Met) Not Met Unable to Confirm N/A Distance: _____ Feet		Setbacks to Public Water Well (200 ft) (Met) Not Met Unable to Confirm N/A Distance: _____ Feet	
	Setbacks: State Waters, Arroyos, Ditches (Met) Not Met Unable to Confirm N/A		To Property Lines, Structures, Waterlines (Met) Not Met Unable to Confirm N/A		Setbacks to Septic Tank (Met) Not Met Unable to Confirm	
FUNCTIONALITY	Does the Disposal System Appear to be Functioning Properly? YES NO		If proprietary product, was system installed in accordance with manufacturer's specifications and permit design? N/A (Yes) No Unable to Confirm			

Note any Problems, Concerns or Comments:

Advanced Treatment System ☒ Not Applicable check here if not applicable

Advanced Treatment Systems can only be evaluated by a Qualified Maintenance Service Provider.

Are you a Qualified MSP? **YES** **NO**

TYPE OF ATS	Name of Manufacturer	Model/Capacity	What Level of Treatment Secondary Tertiary Disinfection
FUNCTIONALITY	Aerator is working properly? YES NO	System appears to have been properly maintained? YES NO	Has System been meeting treatment levels required on permit? YES NO DON'T KNOW
MAINTENANCE	Is there an active Maintenance & Monitoring Contract currently in effect? YES NO Name of MSP:	Has a Maintenance & Monitoring event occurred within last 180 days? YES NO DON'T KNOW	Are Results of Maintenance & Monitoring Report Attached? YES NO

Note any Problems, Concerns or Comments:

Pump Systems ☒ Not Applicable check here if not applicable

FUNCTIONALITY	Is pump operating properly? YES NO	Is pump above Tank floor? YES NO	High Level Alarm Works? YES NO
	Alarms and pumps on separate circuits? YES NO	Is pump wiring protected? YES NO	Both Audible & Visible Alarms present? YES NO
	Is there a Riser to Grade w/ Secure Lid? YES NO	Is tank watertight and structurally sound? YES NO	Is there a Check Valve & Purge/Vent Hole? YES NO

Note any Problems, Concerns or Comments:

Draw a Simple Sketch of the System (Include North Arrow, Location of House, Property Lines, System Components and Location of On-site and Neighboring Wells. Also include Setback distance from House to Septic Tank)

